

## Abstracts

A53

background information. Data analysis included descriptive statistics utilizing SPSS. **RESULTS:** With a usable response rate of 51%, results indicate that most Texas community pharmacists (91%) had heard of EC, while approximately 45 percent keep EC in stock. Over half (58%) have dispensed EC, and 95 percent were aware that EC is most effective when taken within 72 hours. Twenty-seven percent were opposed to dispensing EC. Additionally, most pharmacists (58%) believed that there should be a minimum age for patients receiving EC; the average minimum age indicated was 17.25 years (s.d. = 1.93). Less than half (47%) of the respondents had heard of PIEC. Pharmacists indicated that they would be unwilling to participate in PIEC and were not willing to obtain liability insurance for PIEC. They indicated that convenience to patients and reducing unwanted pregnancies were potential benefits of PIEC, while potential barriers included inadequate time for counseling, increased liability, moral/religious opposition, increase in unprotected sex and sexually transmitted diseases, and fear of overuse. **CONCLUSION:** While many community pharmacists in Texas have dispensed EC, only 47% of respondents had heard of PIEC prior to this study, and most were unwilling to participate in PIEC. Potential barriers outweighed potential benefits for most pharmacists regarding PIEC. Policy efforts to facilitate PIEC should focus on reducing perceived barriers of community pharmacists.

**INDIVIDUAL'S HEALTH—Methods and Concepts**

PIH10

**THE TRANSLATION AND CULTURAL ADAPTATION OF AN ADOLESCENT SEXUAL BEHAVIOUR QUESTIONNAIRE**

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**OBJECTIVES:** An adolescent sexual behaviour survey was created in English from an extensive literature review and expert input. This was translated into 11 languages. The objective was to produce translations that are conceptually equivalent to the original and to other language versions ensuring the relevance of the translation within the target cultures. **METHODS:** A standard methodology was employed: two forward translations, a reconciliation of the forward translations, two back translations, a back translation review, linguistic validation interviews with 5 adolescents in each country, and to proof readings. **RESULTS:** Numerous cultural and linguistic issues became apparent throughout the translation process as follows: The term "sexual activity" was not universally acceptable. It was changed to "relations" in Belgium and Turkey, "experience" in Czech, "contact" in German and "behaviour" in Korea. The term "vaginal sex" caused some issues in Poland where it is only referred to in this way by gynecologists and feminists. For vaginal sex "sex" alone was used. Adolescents in China did not fully understand the term genital contact and anal sex. Most people are reluctant to talk about sexual activities other than vaginal sex. In Korea, oral or anal sex is generally considered as sexual deviation. Female respondents indicated a lack of knowledge regarding female condoms in Belgium and Turkey. Female condoms are not available in Poland and this item was therefore removed from the Polish version of the questionnaire. **CONCLUSIONS:** The adolescent sexual behaviour survey has been translated and linguistically validated in numerous languages using a rigorous translation process. A number of cultural and linguistic issues became apparent and were resolved. The measure could be used internationally in surveys of adolescent sexual behaviour.

PIH11

**DEVELOPMENT AND VALIDATION OF THE PREMENSTRUAL SYMPTOMS IMPACT SURVEY**Wallenstein GV<sup>1</sup>, Blaisdell B<sup>1</sup>, Gajria KL<sup>1</sup>, Yonkers KA<sup>2</sup>, Kornstein SG<sup>3</sup><sup>1</sup>QualityMetric Inc, Lincoln, RI, USA, <sup>2</sup>Yale University, School of Medicine, New Haven, CT, USA, <sup>3</sup>VCU Institute for Women's Health, Richmond, VA, USA

**OBJECTIVES:** To develop and validate the Premenstrual Symptoms Impact Survey (PMSIS), a brief instrument for evaluating impact of premenstrual symptoms on quality of life (QOL). **METHODS:** An item bank of 73 questions was administered to a general US sample of women aged 18–45. Item reduction was performed using forward stepwise linear regression of symptom severity scores onto item scores. Three standards were used to validate the instrument: 1) the American College of Obstetricians and Gynecologists diagnostic criteria for premenstrual syndrome (PMS); 2) the Diagnostic and Statistical Manual of Mental Disorders diagnostic criteria for premenstrual dysphoric disorder (PMDD); and 3) feedback from a panel of practicing physicians. A "known groups" analysis was used to determine discriminant validity. **RESULTS:** Six items met entry criteria in the model using a discrimination cutoff of  $p < 0.01$ . The overall fit was statistically significant ( $F = 279.4$ ;  $p < 0.001$ ;  $R^2 = 0.64$ ). Approximately 20.4% of the sample screened positive for PMS and 16.1% screened positive for PMDD. Univariate ANOVA showed that the PMS positive group ( $\mu = 49.2$ ) had a significantly larger PMSIS mean score (0–100 range with greater values indicating more impact of symptoms on QOL) than the PMS negative group ( $\mu = 20.1$ ) ( $F = 414.2$ ,  $p < 0.001$ ). Likewise, the PMDD positive group ( $\mu = 52.3$ ) had a significantly larger PMSIS mean score than the PMDD negative group ( $\mu = 21.0$ ) ( $F = 393.8$ ,  $p < 0.001$ ). The mean minimum score at which practicing physicians recommended an office visit was 46.7 (SD = 7.1). **CONCLUSIONS:** These results demonstrate that the PMSIS has excellent discriminative ability to detect differences in groups known to differ in terms of clinical criteria. As premenstrual symptoms can significantly impact QOL, the PMSIS can be used to educate consumers about the impact of their symptoms on QOL.

**INDIVIDUAL'S HEALTH—Patient Reported Outcomes**

PIH12

**SURVEY ASSESSMENT OF TREATMENT COMPLIANCE AND MEDICATION TAKING BEHAVIOR IN BENIGN PROSTATIC HYPERPLASIA**Campbell U<sup>1</sup>, Barron R<sup>2</sup><sup>1</sup>Galt Associates, Inc, New York, NY, USA, <sup>2</sup>Allergan Corp, Irvine, CA, USA

**OBJECTIVES:** We conducted a large qualitative assessment of medication taking behavior in BPH patients. **METHODS:** A national online survey of 1000 BPH sufferers on current or past treatments was administered to evaluate treatments used, compliance with treatment, and behaviors regarding medication use. Descriptive analyses were performed and stratified by demographic variables including discontinuation, compliance, and reasons for discontinuation and non-compliance when present. **RESULTS:** A total of 734 (73%) patients surveyed were over 60 years of age with the vast majority of the sample 955 (95%) being caucasian. Data on household income, education, and geographic region were fairly evenly distributed across the U.S. Nearly three-quarters of the sample (74%) had BPH symptoms for 3 years or more. The most commonly used recent medications were doxazosin, terazosin, alfuzosin, tamsulosin, finasteride, and tadalafil. Forty four percent of patients had